

## Analysis of 402 Cases of Carcinoma of the Breast\*

EVELYN SIRIS, M.D., AND LEONARD DOBSON, M.D., *San Francisco*

IN spite of the tremendous advance in breast surgery that took place with the introduction of the radical mastectomy by Halsted and Willy Meyer in 1889, and the refinements in radiation therapy during the past quarter century, we are still faced with the appalling fact that the mortality from carcinoma of the breast is increasing, that it was responsible for 10 per cent of the cancer deaths in the United States registration area in 1935. Spackman and Hynes<sup>18</sup> estimate that 2 per cent of all females die of mammary cancer. These figures certainly drive home the fact that what is needed at present is a new fundamental approach—that there is no satisfactory solution to the problem until we have solved the riddle of cancer.

Mammary cancer is a disease that is localized early, that is soon widely disseminated both by the lymphatics and the blood stream, and whose tumor emboli may lie dormant for many years before becoming activated. What appears to be a primary operable case is frequently not so. Ewing<sup>4</sup> has stated that a tumor under 2.5 cm. in diameter is rarely disseminated—but we seldom see them that small.

The great controversy today is over the management of primary operable carcinoma that has already involved the axillary nodes. There is fairly uniform agreement that the 70-80 per cent five-year salvage obtained in small movable lesions localized to the breast<sup>8</sup>—the anatomical stage I†—with immediate radical surgery is not significantly improved by the addition of irradiation. In anatomical stage II management, there is no such uni-

form agreement—neither first in defining an operable case with axillary involvement, nor, second, in the management of it. The scope of the surgeon's knife is gradually being narrowed. Factors which must be considered include the histologic characteristics of the tumor, the quadrant of the breast affected,<sup>2</sup> involvement of the skin, and degree of involvement of the axillary nodes. Warren and Tompkins<sup>15</sup> found that their five-year arrements with surgery varied from 68 per cent to 19 per cent depending on whether only one or more than 50 per cent of axillary nodes were involved.

Bartlett found only 4 per cent of five-year arrements when the tumor was in the inner hemisphere, as contrasted with 32 per cent in the outer hemisphere. Harrington<sup>7</sup> operates on any case "in which there is a reasonable chance for cure." Haagensen<sup>5</sup> has neatly outlined what he believes are the criteria of operability—with which we are in full agreement. (Chart I.)

### CHART 1.

#### HAAGENSEN-STOUT CRITERIA OF OPERABILITY— CONTRA-INDICATIONS<sup>5</sup>

1. When the carcinoma is one which developed during pregnancy or lactation.
2. When extensive edema of the skin over the breast is present.
3. When satellite nodules are present in the skin over the breast.
4. When intercostal or parasternal tumor nodules are present.
5. When there is edema of the arm.
6. When proved supraclavicular metastases are present.
7. When the carcinoma is the inflammatory type.
8. When distant metastases are demonstrated.
9. When any two, or more, of the following signs of locally advanced carcinoma are present:
  - (A) Ulceration of the skin.
  - (B) Edema of the skin of limited extent (less than one-third of the skin over the breast involved).
  - (C) Fixation of the tumor to the chest wall.
  - (D) Axillary lymph nodes measuring 2.5 cm., or more, in transverse diameter, and proved to contain metastases by biopsy.
  - (E) Fixation of axillary lymph nodes to the skin or the deep structures of the axilla, and proved to contain metastases by biopsy.

\*From the Tumor Clinic, Stanford University School of Medicine, San Francisco.

†Anatomical Staging.

I. Small movable lesion localized to breast.

II. Movable lesion in breast with axillary metastatic nodes that are not fixed.

III. Fixed local lesion. Fixed axillary nodes. Extensive skin involvement. Spread of cancer beyond axillary nodes. Inflammatory carcinoma.

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## EDITORIALS

### The Clinical Significance of Protein

The important role of protein nutrition in medicine has been stressed in abundant clinical and experimental reports. Although they are related to protein intake, we will not consider here the roles of fluid and electrolyte balance and vitamin intake, but rather of protein per se.

Proteins, whether derived from animal or vegetable sources, are designated as "complete" if they contain those amino acids which the body is unable to synthesize. Optimal nutrition, as far as protein intake is concerned, is usually considered to be one gram per kilogram of body weight per day for adults, and three to four times that amount for infants and children. All ingested protein is split by the pancreatic enzymes into polypeptides and ultimately into amino acids—in which form they enter the portal blood. The amino acids may be converted to carbohydrates, or may be used as building blocks for the formation of body or plasma proteins. The liver plays a dominant role in these processes. All nitrogen excreted by the kidneys is from either this ingested (or exogenous) protein, or the breakdown of body (or endogenous) protein. Nitrogen loss in the stools is highly constant in health. In disease protein may be lost in the urine, from the surface of burns, or areas of suppuration. An individual is in nitrogen balance only if his nitrogen (i.e., protein) intake is equal to the total nitrogen loss from all routes. If nitrogen loss exceeds the intake, the inference is inescapable that tissue proteins are being destroyed to meet the demands and the person is in "negative" nitrogen balance.

A clinical suspicion of protein deficiency may be obtained by scrutiny of the patient's dietary history, both as to protein and caloric content, for if the latter is inadequate body proteins are burned to furnish energy and loss of weight will result. If a decrease in plasma proteins is detected gross protein deficiency is present. In this

connection we should recall that Elman<sup>7</sup> has calculated that in an adult of 70 kilograms for each gram per cent that plasma proteins decrease, a total body loss of fully one thousand grams has occurred.

Protein deficiency may result from inadequate intake (as in famine); inadequate absorption (as in chronic diarrhea or absence of pancreatic ferments); or inadequate utilization (as in cirrhosis of the liver). The heightened metabolism of fever or hyperthyroidism increases the need for protein as does the developing fetus in pregnant women. Excessive loss may be occasioned by the exudate of severe burns or infected wounds, or the albuminuria of nephrosis.

A few specific illustrations may make these generalities more vivid. Excessive urinary nitrogen loss representing a negative balance of 50-150 gm. of body protein per day may follow with fractures,<sup>5</sup> burns,<sup>8</sup> or relatively simple surgical procedures. Gastrointestinal surgery results in an added strain on protein stores because of the patient's inability to assimilate food. Wounds heal less rapidly when hypoproteinemia is thus allowed to develop<sup>9</sup> and this lack of satisfactory repair likewise involves, of course, internal suture lines such as at the site of gastrointestinal anastomoses.

In non-surgical realms, the anemia of pregnancy is frequently accentuated by protein lack.<sup>2</sup> hypoproteinemia is present in a major portion of patients with severe thyrotoxicosis<sup>1</sup> and in patients with cirrhosis of the liver. Peptic ulcers are reported to be more readily healed by feedings of a protein digest, rather than the traditional Sippy regime.<sup>4</sup> Here, however, we should recall that many other factors are present in the complicated ulcer problem. In stenosing duodenal ulcer, with associated anorexia or frank vomiting, plasma proteins are soon distinctly lowered. The prompt utilization of small frequent feed-

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## NOTICES AND REPORTS

### C.M.A. Radio Show Has Audience of 600,000

Every Saturday evening, from 9:15 to 9:30, more than 600,000 people in California tune in the California Medical Association radio program, "California Caravan," aired over 18 stations in the Mutual-Don Lee Broadcasting System. They not only hear a good show, but also hear about California Physicians' Service and the advantages of pre-paid medical care.

Inaugurated June 15 by The Council of C.M.A. as a new phase of California medicine's public relations program, "California Caravan" established its popularity with the vast radio audience within a month, according to Hooperating, the standard survey service of the radio industry.

The Hooperating of the C.M.A. program for July, 4.8, indicates an average audience of 635,000 listeners per show and is a better rating than that given many of the big-budget and big-name shows for that period.

Here are some comparative ratings compiled from the July telephone survey of radio audiences conducted by

C. E. Hooper, Inc., showing the relative standing of C.M.A.'s program:

"Can You Top That?"	6.6
"Ford Program"	2.1
"Standard Hour"	8.6
"Orson Welles' Mercury Theater"	3.7
Nash Kelvinator	4.3
"Theater of Romance" (Colgate)	4.2
Fred Waring (Jolson Wax)	4.5
"CALIFORNIA CARAVAN," C.M.A. program	4.8

The stimulus of C.M.A.'s public relations program in building California Physicians' Service—through newspaper and radio advertising, publicity and the campaign of "Voluntary Health Insurance Weeks," which has now covered 25 counties—is indicated by the fact that C.P.S. enrollment has doubled since January 1 of this year—and every person enrolled in a voluntary health system in California is building stronger the medical bulwark against COMPULSORY health insurance.

### C.P.S.—Growth and Problems

Although a doubling of the enrollment of beneficiary members of California Physicians' Service in the first ten months of this year has been attended by a higher average cost per claim and a necessary increase in membership dues, an outstandingly hopeful development is seen in the type of group now being enrolled.

The board of trustees looks upon the recent enrollment of the members of the Merchants and Manufacturers Association in Southern California as indication that managerial, as well as employee groups, are giving recognition to the value of C.P.S. Moreover, it is felt that this trade association of some 1500 business organizations offers a large potential of further new membership. The same is true of the Lettuce Growers' Association of Salinas Valley, which has recommended that C.P.S. be considered by all its members.

Among other large groups recently enrolled are the May Company of Los Angeles, Bordens Dairy, the San Bernardino Air Base and the Southern California Telephone Company. An interesting departure is the current enrollment of employees at Hunters' Point Naval Base.

Enrollment of members of chapters of the California State Grange has proceeded apace. To date over 10,000 people in 175 chapters have been enrolled under a surgical and hospital coverage plan which C.P.S. submitted last spring at the request of the State Grange.

Negotiations are still under way with the Standard Oil Company of California, which had requested a program of medical, surgical and hospital care for dependents of its employees. Due to unforeseen difficulties, enrollment there has not yet begun. The Southern Pacific Railroad and the Pacific Electric Company of Los Angeles are now studying proposals for care of dependents of their employees which C.P.S. submitted at their request.

Inevitably, increased membership has brought with it additional administrative problems for C.P.S. There has been a very heavy increase in utilization of service. The average cost per claim has risen from \$17 to \$24. Statistics show that groups in existence less than four months are accounting for 40 per cent of total claims. Groups with membership of a year or less are using 60 per cent of the total.

#### RATE INCREASE

As was reported at the May meeting of Administrative Members, in October, 1945, the total deficit was \$279,144.21. By May 1, 1946, this had been reduced to \$137,912.66. Due to the large number of surgical contracts which make up the beneficiary membership, C.P.S. experienced, during the summer months, a very heavy utilization of service. Because of this, reduction of the deficit has not been as rapid as was anticipated.

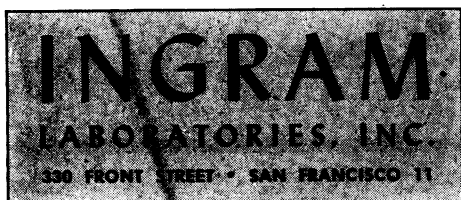
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## ANTISPASMODICS



### MUSICAL NOTES ON V.D.

"Lues"—the medical man's term for syphilis, explained the Medical Corps major speaking to the G.I.'s assembled in a camp theatre for a lecture and training film on venereal disease—"Lues is bad business. Lues is a disease any of us might get. Lues untreated is dangerous to yourselves and others. Lues can almost always be cured by early treatment."

The major sat down, the house was darkened and the showing of the film started. After a minute or two of the pictured horrors of syphilis and warnings that it lurked almost everywhere, a soldier brought down the house by raising a passable barytone into the quiet darkness with the words of a once popular song, "Every little breeze seems to whisper Louise."

—Contributed by G.I., Berkeley.

### HOT OPERA

"Lily Pons Here to Sing Lakme," headlined the *San Francisco Chronicle*, whose reporter went on to say that "between smiles, she kissed Raoul Jabin, who will sing opposite her."

### LESS TO THIS THAN MEETS THE EYE

A man of our acquaintance reports that his eight-year-old niece, a perspicacious young lady, recently confronted him with a test of his powers of observation. She told him she had noticed there is something which a man does standing up, a woman sitting down, and a dog standing on three legs. Making a riddle of it, she asked him to supply the answer.

She waited eagerly while he pondered uncomfortably, and when after a few moments she asked, "Do you give up?" he readily did so.

"It's shaking hands," she told him.

—Contributed by H.E.O., San Francisco.

University of California scientists have demonstrated beyond doubt that the growth hormone alone is responsible for growth.—U. C. *Clip Sheet*.

Yeh? What about Adler shoes?

—Contributed by F.K., San Francisco.

### SAY "AH, . . . . . !"

"State Doctor: 'Now just sit up in bed and sign here and here and here. And fill out this form. And get three neighbors to vouch for it. And remember the pains and penalties of perjury! Then I'll look at your tongue.'"—*Pathfinder Magazine*.

### Hidebound

A book bound in human skin is one of the rare volumes in the library of the Los Angeles campus of the University of California.—U. C. *Clip Sheet*.

Rare, Mr. Hearst, not raw, which is an entirely different matter.

### DOCTOR URGES HEART PATIENTS TO LIVE NORMAL, USEFUL LIVES

A Philadelphia physician states that many patients who have serious complications of the heart can be reassured and allowed to live normal lives, according to the October 19 issue of *The Journal of the American Medical Association*.

William D. Stroud, M.D., who is on the board of directors of the American Heart Association, points out that there are "many murmurs, especially in the pulmonic area, which are absolutely of no importance from the standpoint of circulatory efficiency or length of life. In fact, many children with definite valvular damage live the full span of life and others do not develop circulatory insufficiency until the third, fourth or fifth decade. Certainly their lives can be much happier if their physical activities are unrestricted and I doubt whether the normal physical activity of childhood plays any part in the progress of the pathologic lesion."

Medicine can aid patients with heart trouble to lead practical normal lives, according to Dr. Stroud. "Most people with coronary insufficiency know the things that bring on pain, such as walking after meals or in cold weather against the wind," he states. "If it is necessary for these persons to make such effort, it is perfectly possible for them to ward off an attack by dilating the coronary vessels with a tablet of glyceryl trinitrate before making such an effort."

Dr. Stroud is of the opinion that patients with heart trouble should be permitted to smoke and drink.

"Most people who smoke know whether or not they are sensitive to nicotine," he said. "If a man is not sensitive to nicotine, I believe it is perfectly safe for him to smoke. However, sensitive or not, in the presence of angina of effort or a healed coronary occlusion if a person is having substernal pain I believe eliminating tobacco will tend to lessen the frequency of attacks of pain."

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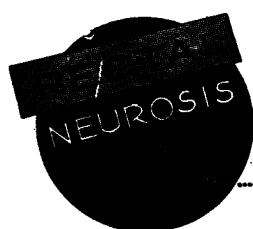
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**A.M.A. FUND CONTRIBUTORS THANKED**

The ninety-fifth convention of the A.M.A. is now a matter of medical history and its outstanding success a matter of record.

John W. Cline, Chairman of the General Committee, described the results in a letter of thanks to subcommittee chairmen. He said:

"The comments of delegates and visitors from other states have been highly complimentary to the San Francisco County Medical Society. The splendid arrangements for the convention and the warm hospitality extended to the visiting physicians were greatly appreciated. The Society and its officers have received numerous letters expressing the gratitude of the visitors, especially from members of the House of Delegates."

The credit goes to the members of the Society who handled the many details of the program, according to Dr. Cline. An equal share of the credit, he pointed out,

goes to the hundreds of members of this Society who contributed their financial support, as well as to the other county societies in California, the hospitals and the business firms who donated substantial amounts of money to help defray the cost of entertaining our guests.

**Receipts Tabulated**

Here are the detailed figures on receipts:

335 Members—	
S. F. County Medical Society.....	\$10,033.00
Business Firms .....	3,000.00
Other County Medical Societies of Calif.....	2,216.50
Hospitals .....	1,428.00

Total Receipts .....\$16,677.50

Following are the county medical societies who contributed sums ranging up to \$1,000:

(Continued on Page 22)

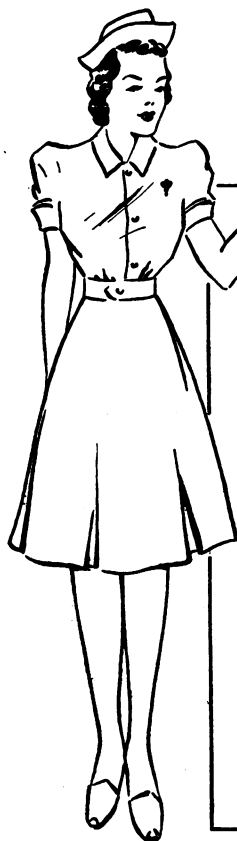
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Following are the hospitals who donated amounts ranging up to \$500.

Franklin Hospital, Hahnemann Hospital, Mary's Help Hospital, St. Francis Hospital, Southern Pacific Hospital.

The following business firms contributed sums up to \$500:

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Broemmel's Pharmacy, Broemmel's Prescription Pharmacy, California Brewer's Institute, City of Paris, Don Baxter, Inc., Eli Lilly Company, Grace Line, Inc., Guy's Prescription Pharmacy, Matson Navigation Company, Mead Johnson & Company, Medical Arts Pharmacy, Medico-Dental Pharmacy, Merck & Company, Parke Davis & Company, Ransohoff's, Upjohn Company, Winthrop Chemical Company, Inc., Yellow Cab Company.

**Thanks Expressed**

The officers and directors of the San Francisco County Medical Society, the chairmen and men and women of the A.M.A. Convention committees, take this opportunity of thanking each of the 335 loyal members of the Society whose financial contributions insured the success of the convention. The Society also wishes to express its deep appreciation to the component county societies, the hospitals and business firms listed above, and to assure them that their generous support and cooperation will be remembered and reciprocated.

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Corneal tissue cannot be preserved longer than three days before transplantation a Cleveland physician has found after experimenting with six different preservative mediums, according to the current issue of the *Archives of Ophthalmology*, published by the American Medical Association.

The author—Charles I. Thomas, M.D., from the Department of Surgery, Division of Ophthalmology, Western Reserve University School of Medicine—used the eyes of rabbits for his experiment.

"Corneal tissue will remain clear and of normal thickness and can be used suitably for transplantation up to a period of three days," he states. "Thereafter the tissue becomes progressively hazy and thickened, being thus rendered unsuitable for grafting."

In order to obtain the best operative results in corneal transplantation, the author maintains that the material should be fresh and used shortly after it is removed from the donor. The Eye Bank for Sight Restoration, since its organization, has facilitated this rapid distribution.

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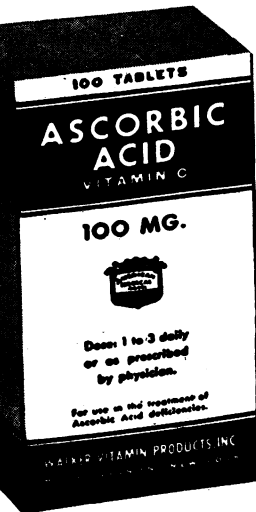
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**BOARD OF MEDICAL EXAMINERS**By **FREDERICK N. SCATENA, M.D.***Secretary-Treasurer***Board Proceedings**

The Board of Medical Examiners met at the Business and Professions Building in Sacramento, October 21-24, to elect officers for the ensuing year and conduct hearings on petitions for restoration and disciplinary matters. Herbert S. Chapman, M.D. was elected president to succeed Frank W. Otto, M.D. Joe Zeiler, M.D. was elected vice-president to succeed Herbert S. Chapman, and Frederick N. Scatena, M.D., was re-elected Secretary-Treasurer.

We have at present approximately 70 applications on file for the written examination. This group contains more graduates from schools outside the State of California than were examined at the other scheduled examinations throughout the year. The number of applicants for written examination has remained approximately the same each year for the past five years.

Reciprocity applications are still being filed in numbers

which far exceed the usual number of applicants for the pre-war period. From January 1, 1946, to September 30, 1946, 1,517 applications for reciprocity have been filed. This includes applicants basing their applications on licenses issued by other states, National Board, and Government Credentials.

During the same period, 1,557 certificates have been issued to physicians and surgeons. Of this number, 305 were issued following written examination, forty-six on government credentials, 183 on national board credentials, 177 based on licenses issued by other states and after the successful passing of an oral examination, and 846 on direct reciprocity.

The opening brief on the case of Aarons, Burroughs and Mann vs. Board of Medical Examiners has been filed in the Appellate Court. A favorable decision is hoped for in this matter as the decision will be a far-reaching one in determining whether or not the Board has the authority to declare a school disapproved, or whether the Superior Court can assume this function.

(Continued on Page 56)

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## REHABILITATION OF TUBERCULOUS PATIENTS ADVOCATED BY DOCTOR

Tuberculous patients need rehabilitation to restore them to their maximum physical, mental, social, vocational and economic usefulness, according to the current issue of *Hygeia*, health magazine of the American Medical Association.

The author—Joseph B. Rosner, M.D., Rehabilitation Executive of the National Jewish Hospital, Denver, Colo.—states that many hospital directors have found that tuberculous patients died or suffered a relapse within six to 18 months after discharge. "Reasons for these breakdowns were not difficult to determine," he says. "Sudden transition from the sheltered environment of the hospital to the tensions of modern society, the change from a regime of no work to an abrupt schedule of a full day's work, usually at an occupation that was medi-

cally unsuitable, were the causes of many of the readmissions."

Dr. Rosner listed the following elements as necessary for a sound rehabilitation program:

1. A highly competent medical and surgical staff trained in tuberculosis. The doctor diagnoses and treats; sets the pace of the program by determining when it is safe for the patient to get out of bed and begin light exercise; and (most important of all) interprets the disease and its limitations to the patient so that he will have an intelligent, realistic idea of his possibilities and limitations.

2. A capable nursing staff will carry out the physician's orders that rest is properly observed and medications administered.

3. Many patients present mental and emotional prob-

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Met in Annual Convention in Cincinnati on September 5, 6 and 7

Mr. Slaughter and Mr. Service represented the San Francisco and Oakland offices and Mr. George Elder the Los Angeles and Long Beach offices of the Doctors Business Bureau.

The convention unhesitatingly acknowledged the leadership of this Bureau and declared it to be the largest in the United States and the oldest with but one exception. Naturally we are proud of these distinctions and the fact that we practically

originated the idea of medical Bureaus to serve doctors.

We wish to acknowledge that the doctors and hospitals of California are entitled to much credit for their splendid support and cooperation in our growth and success.

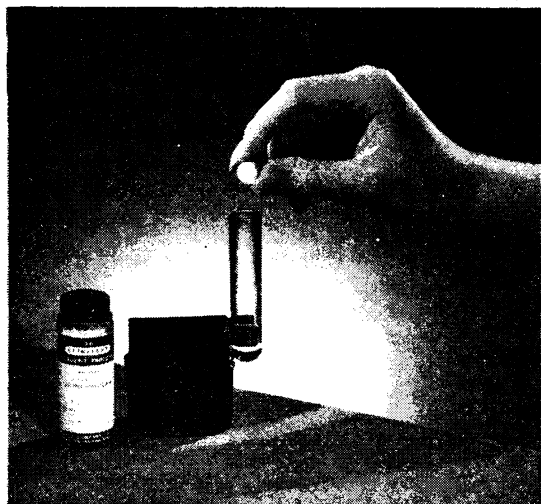
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## TUBERCULOSIS PATIENTS

(Continued from Page 58)

lems of such an intensity that the progress of treatment is seriously impeded. . . . It is necessary either to have a psychiatrist in residence at the hospital or have his services available for patients whose condition indicates such a need.

4. The tuberculous person has most of the problems of the average healthy individual, plus several problems peculiar to his disease. His worries may range from failure to adjust to certain aspects of hospital routine to concern over domestic financial matters. For problems of a social, emotional or economic nature, every hospital should have a qualified medical social worker with some psychiatric casework training in order to carry out the recommendations of psychiatrists. Freedom from worry helps make victory over tuberculosis easier.

5. In most instances it is not wise for a patient to return to the occupation in which he was engaged before becoming ill. A trained vocational counselor should, by means of interviews and tests, determine interests and aptitudes. In cooperation with the medical staff, this counsel should help the patient reach a wise decision regarding his vocational future.

6. The occupational therapist furnishes the patient, in accordance with medical prescription, with projects that can be undertaken safely while still on complete bed-rest or on a partially ambulatory regimen.

7. Increasingly, patients in hospitals are using the time necessary for curing to complete high school or college training or to acquire a marketable skill such as typing, shorthand, bookkeeping or switchboard operation. Better hospitals have schools right on the grounds, employing teachers of academic and business subjects.

8. In hospitals where patients remain for long periods, a trained librarian and a complete library are prime necessities.

9. Provision should be made for religious observance and for time with spiritual advisers for patients who desire solace and understanding. Adequate chapel space for worship and arrangements for visiting clergymen of different faiths can be an important contribution toward recovery.

### EMOTIONAL STRESS UNDERLYING FACTOR IN CHRONIC HEADACHES

The most effective treatment of chronic headaches includes both drug therapy and psychotherapy—the straightening out of the patient's emotional problems, according to three New York doctors writing in the November 2 issue of *The Journal of the American Medical Association*.

The doctors—Arnold P. Friedman, Charles Brenner and H. Houston Merritt—are from the Division of Neuropsychiatry, Montefiore Hospital and the Department of Neurology, College of Physicians and Surgeons, Columbia University.

The great majority of chronic headaches are caused by one of three conditions—migraine, injury or emotional stress. The pain, which is probably produced by a constriction of the blood vessels, is precipitated and made worse by emotional tension and inner conflict.

"It has been our experience," state the doctors, "that a combination of psychotherapy and the drug therapy is much more effective than the latter alone in reducing the frequency, duration and severity of any of the three types of headache which we are discussing. Indeed in

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## CHRONIC HEADACHES

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the majority of these patients medication is chiefly of value in relieving the discomfort of the acute attack, and it is only by reducing the amount of mental stress to which the patient is subjected that the headaches can be reduced in frequency and severity and often rendered easier to control by suitable medication when they do occur."

The authors point out that "the psychologic problems vary greatly from patient to patient. In some they may be largely the result of an unfavorable environmental situation which must be changed for improvement to result. In others the difficulty is primarily in the inner life of the patient, with the result that he cannot adjust adequately even to the usual demands of his daily life. Advice as to mental hygiene, reassurance and the opportunity to ventilate his anxieties and conflicts are psychotherapeutic aids which are within the province of the practitioner and which in favorable cases will result in good psychotherapeutic results. In other cases in which the patient's mental difficulties are more severe or more deeply repressed and hence less accessible to therapeutic influence, it seems best to refer the patient to a specialist."

## HEAVY SMOKERS SUSCEPTIBLE TO LEUKOPLAKIA—A MOUTH DISEASE

A Cleveland physician, Clyde L. Cummer, warns heavy smokers to beware of leukoplakia—a disease which coats the lining of the cheeks, the gums, tongue and roof of the mouth with white, thickened patches that sometimes crack.

Writing in the November 2 issue of *The Journal of*

*the American Medical Association*, Dr. Cummer says he examined 587 patients, 315 of whom were men. Six of these men, in the age group between 40 and the late 70's, had leukoplakia.

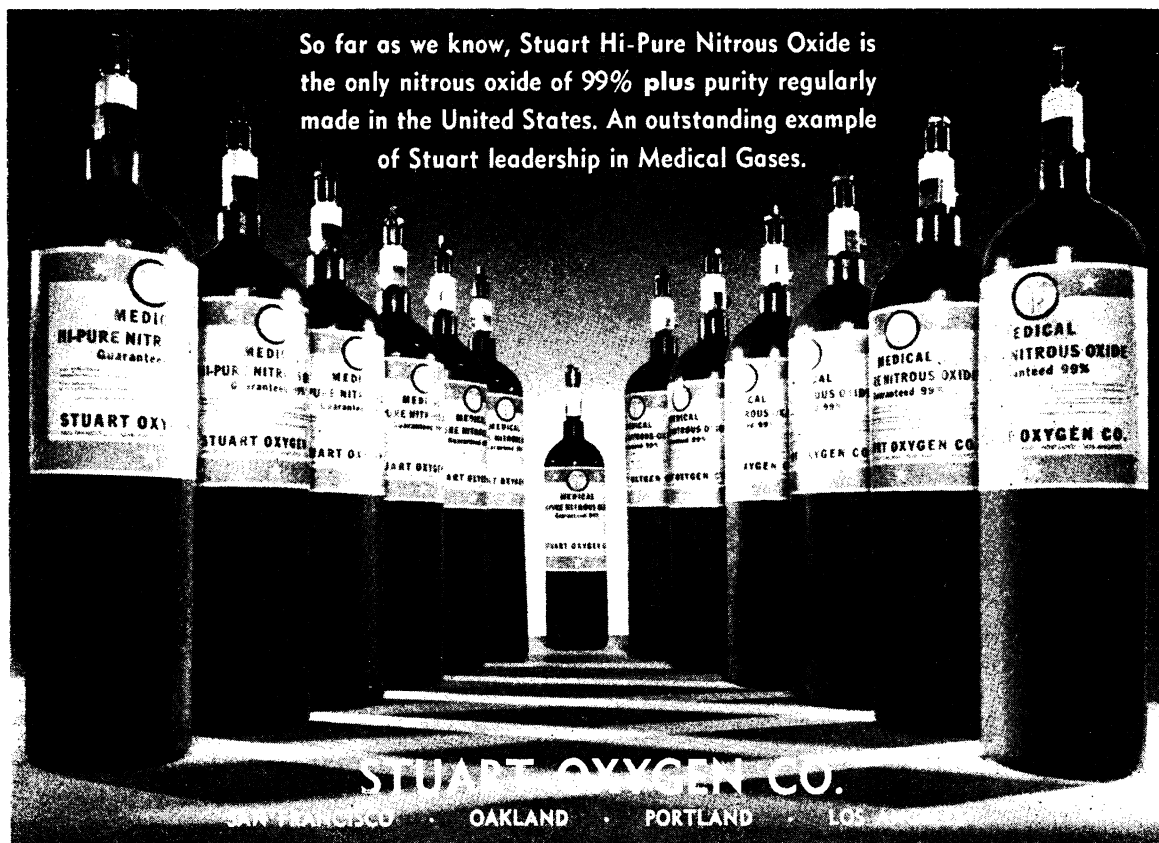
After reviewing medical literature, Dr. Cummer found that 53 cases of leukoplakia involving the roof of the mouth have been reported to date. Of the 51 in which the sex was mentioned, 49 occurred in men and two in women. All but three of these patients were tobacco smokers, with pipe smoking being incriminated more often than cigar or cigaret smoking.

"The type of smoking is important," he says. Dr. Cummer cites another investigator who "expressed his conviction that the pipe is the most irritating agent and emphasized the importance of the method of smoking in the localization of leukoplakia. It is suggested that pipe smoking is especially likely to produce palatal changes since the stream of hot and unfiltered smoke is delivered directly against the roof of the mouth, whereas cigaret and cigar smoke is to some extent filtered through the stub or butt and is diffused through the entire oral cavity."

The most effective treatment for this disease is to stop smoking, especially pipe smoking. In the case of inveterate, confirmed smokers, the author suggests the wearing of a denture to protect the palate.

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## INVESTIGATORS FIND NEARLY 300 CANCER PRODUCING AGENTS

"Even the most pessimistic scientist cannot possibly read of the progress made in cancer research during the last 30 years without thrilling at the accomplishments and the spirit of success that fairly permeate this field," according to an article in the current issue of *Hygeia*, health magazine of the American Medical Association.

The author—Arthur H. Wells, M.D., Chairman of the Committee on Cancer of the Minnesota State Medical Society—states that "approximately 300 physical, chemical and infectious agents have been found to produce cancer. Many authorities admit that there is an ever increasing variety of agents being discovered which will initiate cancer growth. However, they refer to Ewing's casual

genesis and formal genesis of cancer. The first has to do with the wide variety of substances that will produce cancer and the second to the factors within the cancer cell that are responsible for its nature and its unlimited growth capacity. The most important progress in the future appears to lie in a thorough understanding of the formal genesis of cancer.

"Listed among the cancerous agents are analine dyes, petroleum products, illuminating gas, coke, mineral and lubricating oils, textile products, radium bearing ores, cobalt and arsenic, chromates, nickel, carbonyl, asbestos, mesothorium, anthracene, oil, aromatic amino compounds, benzol, ultraviolet rays, roentgen rays and others. These products are found in industries and necessitate protection of those exposed to the products."

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